

Report of the Kabul Regional Conference 2006

“Health for All and Health by All: Communicable Diseases Know No Borders”

May 2006

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**Health for All and Health by All:
Communicable Diseases Know
No Borders**

Kabul, Afghanistan

May 2006

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Health for All and Health by All: Communicable Diseases Know No Borders

I Context

Afghanistan has recently emerged from decades of war. As a result it faces many challenges, including extreme poverty, a destroyed infrastructure, and a large internally displaced population. Afghanistan is still considered one of the world's poorest countries and has some of the worst health indicators in the world. However, the Islamic Republic of Afghanistan along with donors, multilateral organizations and partner agencies is striving to rebuild the health infrastructure, extend services to underserved rural areas, and improve the quality of all health services. In the course of assessing and monitoring the health needs of Afghans, several studies pointed to the large burden caused by infectious disease such as diarrhea, malaria, tuberculosis, and others. These diseases disproportionately affect mobile populations, such as those Afghan refugees returning to their country and the extremely poor. The difficulty of tracing a patient undergoing treatment who travels back and forth from a neighboring country has been noted by many health professionals in Afghanistan, and the open borders between countries mean that disease can travel quickly and easily between them.

II Background

In July, 2005, high level officials from the Afghanistan Ministry of Public Health (MOPH) began a dialogue with representatives from various agencies involved in the health sector in Afghanistan about the possibility of bringing together neighboring countries to discuss health issues that affect them all.. Regional collaboration and cooperation in combating infectious disease became a focus of discussion, and it was decided that a regional health conference sponsored by the MOPH involving neighboring countries would be a good starting point for the development of a collaborative approach to reduce infectious diseases. Because these diseases respect no national boundaries, spare no ethnic or racial group, and privilege no political system, they are a common enemy. Infectious diseases require all countries and peoples to also rise above their respective political boundaries in the interest of the common good. A regional conference was also considered to be an opportunity to show the region and the world that Afghanistan, after so many decades of war and being a recipient of assistance from so many donors, had reassumed its place in the community of nations.

Afghanistan's MOPH and its partner agencies began planning to hold a Regional Health Conference in April 2006 in Kabul, the capital of Afghanistan. The United States Agency for International Development (USAID) and the World Health Organization (WHO) provided funding and Management Sciences for Health's Rural Expansion of Afghanistan's Community-based Healthcare (REACH) Program was requested to serve as secretariat for planning and implementation of the conference. It was hoped that the conference would be the first of what would become regular

opportunities to exchange views and experiences in regional collaboration on health issues impacting all countries in the region.

Months of intensive planning for the conference began with a multi-agency team chaired by the Minister of Public Health, HE Sayed Amin Fatimie, with HE Deputy Minister Faizullah Kakar as co-chair. The theme of the conference became “Health for All and Health by All: Communicable Diseases Recognize No Borders.” Six diseases affecting countries in the area, which were decided as the focus of the conference, are HIV/AIDS, tuberculosis, malaria, avian influenza, polio and cholera.

The goal of the conference was for neighboring countries to unite and take action to control infectious diseases, thereby reducing regional morbidity and mortality rates. Early on, it was decided that the conference should yield a significant output, a product that all participants could consider as their own that would signify their intentions and recommendations for combating infectious diseases in the region. The statement, or declaration, could be written with the Tashkent Declaration “The Move from Malaria Control to Elimination” in the WHO European Region as a guide. It was expected that this declaration would be an important focus for all signatory countries around which they could begin to gather international consensus for their strategies and begin to develop plans to implement them. This document was meant to be signed by each country delegation as an indication of their commitment to collaborate and to identify mutually beneficial strategies to reduce infectious disease affecting all people in the region.

High level delegations from Afghanistan, Iran, Iraq, Pakistan, Tajikistan, Turkmenistan, and Turkey accepted to participate as did representatives from donor and UN agencies. Expert speakers and technical facilitators from WHO, the U.S. Centers for Disease Control, International Center for Diarrheal Disease Control/Bangladesh, TCI Foundation (India), the Global Fund for HIV/AIDS, TB and Malaria (Global Fund), and others agreed to attend the Conference. The President of Afghanistan, HE Hamid Karzai, was enthusiastic in his support and agreed to address the delegates, as did HE Dr. Fatimie, the Afghan Minister of Public Health.

III Process

A. Conference Design and Agenda

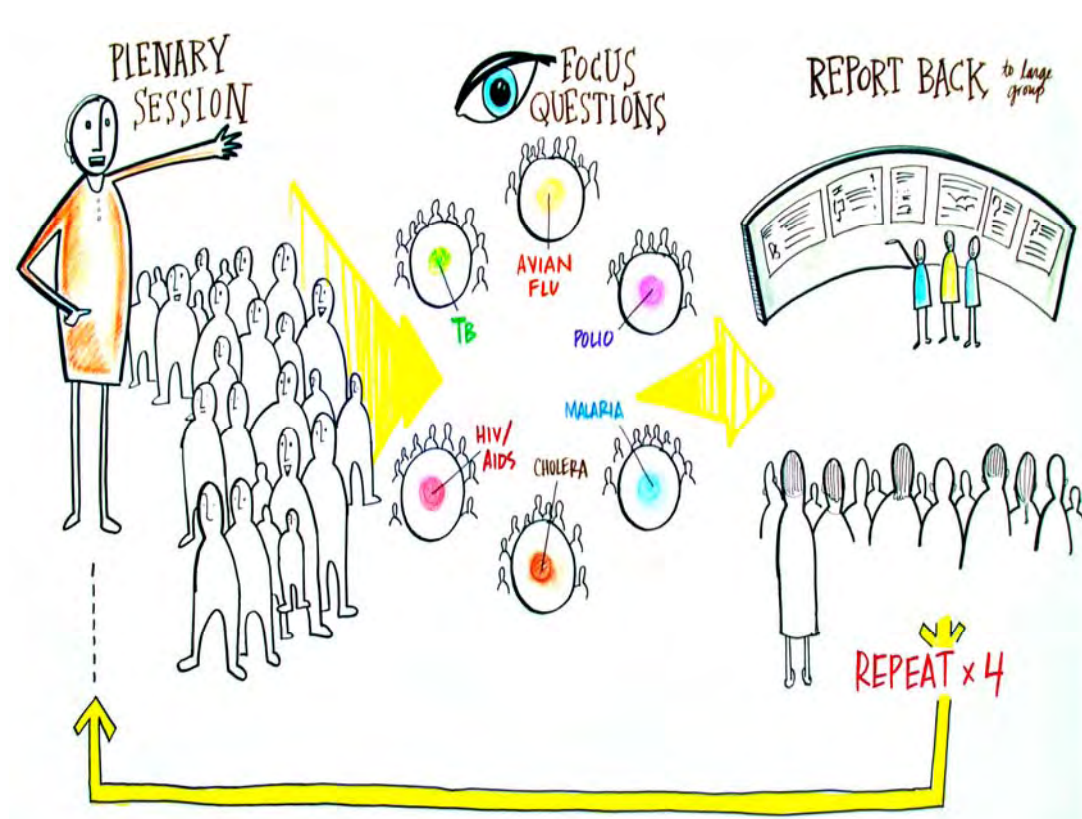
The overall design of the conference was shaped by two desired outcomes:

- a commitment to collaborate and cooperate in the fight against communicable diseases in the region, and
- a written testimony to the commitment made during the conference

The conference was planned to provide a mix of technical advice from experts in the field and opportunities to share local knowledge and learn from experience between countries and individuals (see Annex 1 for the Conference Agenda). The development of a written testimony, soon called The Kabul Declaration, grew from a broad scan of themes, issues, concerns, and success stories to a focus on a few common themes or strategies that could be translated into an agenda for action.

When the conference program and agenda were designed, great care was taken to ensure the maximum amount of time allotted to break-out groups, divided by disease, and later coming together to engage in deep discussion to identify specific actions that have would strong regional impact and also produced the spirit of cooperation. The attendance and delivery of speeches and presentations by H.E. President Karzai; Dr. Ghezairy, Regional Representative of WHO/EMRO; and Dr. David Heyman, Director General for Polio Eradication, WHO; and a taped message from Dr. Richard Feachem of the Global Fund gave the conference a high profile and provided the participating delegates with both the inspiration and encouragement to undertake the task they all have in their own countries to put in place the institutions, processes and mechanisms that make them stronger partners to one another.

Graphic facilitation, a new experience for most participants, provided an immediate visual record of presentations and deliberations. These attractive drawings remained posted on the conference room walls throughout the conference for reference as needed. An example of the poster outlining the session about the conference's process follows.



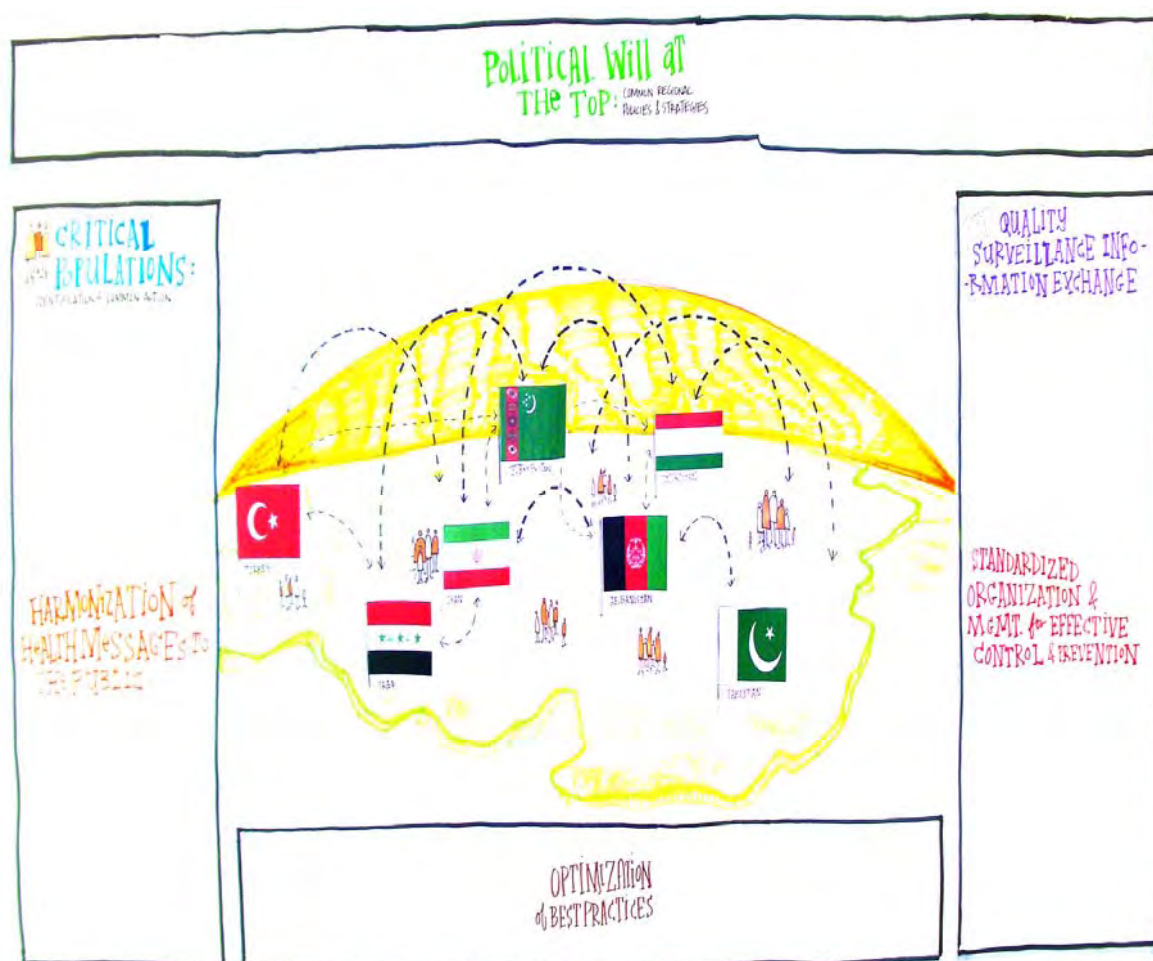
The aim of the conference organizers was to develop a document that would be truly collaborative, evidence-based, and actionable in a regional context. The conference started with an exercise that aligned the delegates and participants around a long term vision with respect to the six communicable diseases that are major health problems in the region and that were the focus of this conference: HIV/AIDS, tuberculosis, malaria, avian influenza, polio and cholera. Two days were dedicated to learning and

sharing to make sure that the latest and most expert thinking went into the deliberations. In order to do this three plenary presentations were alternated with break out sessions to discuss each specific communicable disease using three major frames for discussion, respectively, following the presentations:

- Key factors that facilitate transmission and strategies to neutralize these factors
- Methods of surveillance and ways to improve the free and open exchange of surveillance information
- Best practices and ways to scale up the most promising approaches.

A summary of these breakout discussions by disease group is appended as Annex 2.

Several recurrent themes emerged out of the reports from each of the six disease specific breakout groups as recorded in the facilitation poster inserted below and further described in Annex 3.



These common themes applied to all diseases and thus formed the raw material out of which evolved the commitments identified in the Declaration. This emerging consensus on the critical issues in the prevention or control of each of the six diseases was reported back and confirmed in a final plenary session presentation to the

participants. After this last plenary, one further review of the emerging themes took place in six working groups, organized by the themes that came out of the discussions. These themes were:

- Political will at the top (common regional policies and strategies),
- Identification of critical populations (identification of common action)
- Harmonization of health messages to the public
- Optimization of best practices
- Quality surveillance information exchange, and
- Standardized organization and management for effective control and prevention.

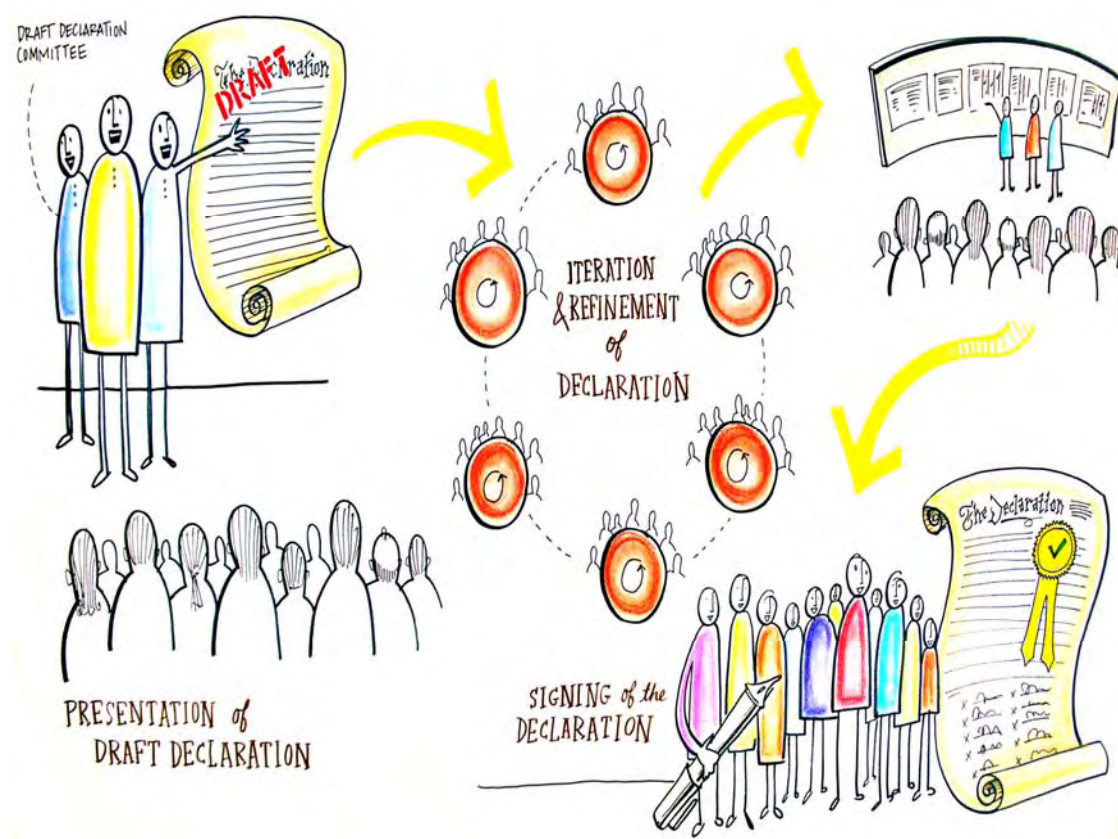
Annex 3 presents an expanded overview of these themes along with the proposed actions related to each theme.

B. Development of the Kabul Declaration

By the time technical delegates were joined by Ministers or Deputy Ministers of Health from four of the seven countries on the third day of the conference, the first version of the Kabul Declaration was drafted and presented to all participants. Everyone was asked to suggest next steps to ensure that the Kabul Declaration would lead to significant action in each country and in the region. The small group facilitators and note takers consolidated all comments and the second version of the Kabul Declaration was presented for one final review. The entire process produced the kind of full ownership that made the final agreement and signing a simple last step.

The Ministers and other designated representatives signed the declaration on the final day of the conference (see Annex 4).

The process of developing the declaration is graphically depicted below.



IV Next Steps

In addition to developing and signing The Kabul Declaration, the conference participants developed a comprehensive list of next steps. This list includes actions to be taken at international, regional, national and individual levels. Conference delegates were encouraged and agreed to convert this list into viable workplans upon return to their respective countries (see Annex 5).

Annexes

Annex 1- Conference Agenda

Annex 2- Breakout Group Report Synopsis

Annex 3- Cross Cutting Themes

Annex 4- The Kabul Declaration

Annex 5- Conference Follow Up: Next Steps

Annex 1: Conference Agenda



PARTICIPANTS' AGENDA

REGIONAL HEALTH CONFERENCE 2006

Health for All and Health by All: Communicable Diseases Recognize No Borders

Kabul Serena Hotel

Kabul, Afghanistan

Sunday, April 16

Conference Registration Desk Open—9 am-1 pm

Grand Ballroom

- 3:00-4:00 Free time/review poster presentations
Coffee available (Grand Ballroom Foyer)
- 4:00-7:00 Delegates/technical facilitators meet for introductions and setting
conference vision
- 7:00-8:30 Dinner-**Silk Route Restaurant**

Monday, April 17

Conference Registration Desk Open—9 am-1 pm

Grand Ballroom

- 8:00-9:00 Technical Conference Opening (Dr Faizullah Kakar, Deputy Minister
of Public Health, Afghanistan)
- 9:00-10:00 **Plenary speech—Overview of Key Communicable Diseases** (Dr.
Jon Rohde, Former Special Advisor to the UNICEF Executive Director
and UNICEF Representative in India)
- [10:00-10:15 AM Coffee Break]

Monday, April 17 (continued)

Assigned Breakout Rooms

10:15-12:00 Breakout groups organized by disease to reflect on the topic presented by the plenary speaker and reach key conclusions

Focus Question: What are the main factors that facilitate the transmission and control of this disease within the region/across borders?

Grand Ballroom

12:00-1:00 Report back with “Pearls of Wisdom” (key messages important to the group for action in the future) →Begin to frame plan of action based on “Pearls of Wisdom”

1:00-2:00 Lunch-**Café Zarnegar** (and prayer)

Grand Ballroom

2:00 - 3:00 **Plenary speech—The Essentials of Surveillance: Lessons Learned**
(Dr. Frederick Hartmann, Technical Director, Rural Expansion of Afghanistan’s Community-based Healthcare Program)

Assigned Breakout Rooms

3:00 - 4:30 Breakout Groups by Disease (in assigned rooms)

Focus Question: How can we improve surveillance across borders to enhance disease control?

[3:00 PM Coffee provided in Breakout Rooms]

Grand Ballroom

4:30 - 5:30 Report Back with “Pearls of Wisdom” only→Continue to frame plan of action based on “Pearls of Wisdom”

5:30-6:30 Free time/review poster presentations

6:30 – 8:30 Dinner-**Silk Route Restaurant**

Tuesday, April 18

Conference Registration Desk Open—9 am- 12 noon

Grand Ballroom

8:30-9:30 **Plenary speech—Effective Evidence-Based Responses** (Dr. David Sack, Director, International Center for Diarrheal Disease Control, Bangladesh).

Assigned Breakout Rooms

9:30 – 11:00 Breakout Groups by Disease

Focus Question: How can we prepare to support each other and respond rapidly and effectively to control this disease?

[11:00-11:15 AM Coffee Break]

Grand Ballroom

11:15-12:30 Report Back with “Pearls of Wisdom” only→Continue to frame plan of action based on “Pearls of Wisdom”

12:30-1:30 Lunch-**Café Zarnegar** (and prayer)

Grand Ballroom

1:30-2:30 **Plenary speech—Cross Border Collaboration and Agenda for Action** (Dr. Jon Rohde, Former Special Advisor to the UNICEF Executive Director and UNICEF Representative in India)

Assigned Breakout Rooms

2:30-4:00 Breakout Groups by Disease

Focus Question: Do the principles and intentions to be contained in the draft conference communiqué apply to each disease given its peculiarities and characteristics?

[4:00 - 4:15 PM Coffee Break]

Grand Ballroom

4:15-5:30 Report Back with “Pearls of Wisdom” only→Continue to frame plan of action based on “Pearls of Wisdom”

5:30-6:30 Free time; technical delegates review proceedings to date with Ministers

6:30-8:30 Dinner-**Silk Route Restaurant**

Wednesday, April 19: (Includes a special invited audience and media)

Conference Registration Desk Open—12 noon-4 pm

Grand Ballroom

- | | |
|-------------|---|
| 8:00 | Delegates and guests take their seats |
| 8:30-9:00 | <i>Master of Ceremonies</i> , Dr. Faizullah Kakar, Deputy Minister of Public Health, will present conference vision and introduce Afghanistan's Minister of Public Health |
| 9:00-9:15 | Short Welcome Address by HE Dr. Fatimi, Minister of Public Health, who will introduce HE President Hamid Karzai |
| 9:15-9:45 | Opening Address by HE President Hamid Karzai to Welcome Ministers, Technical Delegates and additional guests |
| 9:45-10:15 | Address by Dr. Gezairy Hussein Abdul Razzak, Regional Representative, WHO/EMRO |
| 10:15-10:45 | Keynote Address (Dr. David Heymann, Representative of the Director General of World Health Organization for Polio Eradication) |
| | [10:45-11:15 Coffee Break/HE President Karzai departs] |
| 11:15-12:00 | Questions/Answers for Dr. Heymann's speech |
| 12:00-1:00 | Lunch in Silk Route Restaurant (and prayer) |
| 1:00 – 3:00 | Plenary Session to present and discuss components of Draft Plan of Action |
| | [3:00-3:15 PM Coffee Break] |
| 3:15 – 5:30 | Continue Plenary Session to finalize Draft Plan of Action |
| 5:30-7:30 | Free time |
| 7:30-9:30 | Gala Banquet with Afghan music in Grand Ballroom |

Thursday, April 20: (Includes a special invited audience and media)

Conference Registration Desk Open—8 am-12 noon

(Participants check out of rooms and store luggage with hotel before 9 am)

Grand Ballroom

9:00-9:30 Speech by HE Dr. Fatimi, Minister of Public Health of Afghanistan

9:30-11:00 Presentation of Plan of Action

11:00-11:30 Signature of Plan of Action by all Ministers

11:30-1:00 Buffet Lunch in **Nastaran Room** (parallel press conference with selected participants)

Depart for airport at assigned times.

Annex 2: Breakout Group Report Synopsis

	Factors that facilitate transmission	Ways to neutralize transmission factors	Surveillance	Best practices to be scaled up
Malaria	<p>Lack of intersectoral coordination across border</p> <p>Population movement</p> <p>Weak epidemiological and entomological information</p> <p>Low coverage of preventive, diagnostic and curative measures</p>	<p>Establishment of joint working group to synchronize interventions share information and manage resources</p> <p>Organizing behavioral change communication campaign to targeted groups</p> <p>Monitoring population movement and exchange of information with the neighboring countries (provision of preventive and curative measures</p> <p>Strong political commitment and establishment of mechanism involving all relevant sectors</p> <p>Operational research for evidence based intervention and building capacity on both areas</p>	<p>Electronic transfer, email group and website</p> <p>Exchange visits across border</p> <p>Organize annual coordination workshops, meetings for countries in the regional before transmission season</p> <p>Collaboration and conduction of field research in the border areas</p>	<p>Scaling up coverage of ITN to 80% (subsidized costs for vulnerable populations)</p> <p>Scale up confirmation to cover all malaria cases by microscopy or RDT network for malaria diagnosis</p> <p>Scale up covering all PF cases with Artesunate combination therapy through public private partnership</p> <p>Home management with mobile teams</p> <p>Operational research to know G6PD deficiency prevalence and adoption of new technical guidelines</p>

HIV/AIDS	Lack of awareness and information, and health services	Mass communication: School curriculum, training of health providers and advocacy, PHLA involvement in programs and advocacy	Standardized informational systems across region: religious visits, tourism, sports	Subsidized retail sales: condoms, needles
	Unsafe medical practices and blood transfusion	Ensure safe medical practices: disposable needles, blood screening, RUB	Standardized surveillance system develop by regional task force drawing technical participants from region	Sufficient funds for HIV test at all blood banks
	failure in implementation of policies and strategies	Strategies for coordination and advocacy at regional level	Shared research findings and standard protocols and guidelines	VCT accessibility and availability
	Mobile populations: trucker, migrant worker, tourists,	Implementation in place to address high risk groups thru NGO's : harm reduction, 100% condom use	Study tours, exposure visits, regional NGO network	Rapid HIV tests available in TB centers
	High risk groups: prisons, commercial sex workers, drug users	Provision of services : ARV,s testing, counseling, condoms	Regional monitoring surveillance committee to be established at the regional level: ensure transparency in data sharing	Mandatory PMTCT and treatment in MCH or ANC centers
	Attitude of service providers	Governments strong commitment		Availability and accessibility of drugs related to the opportunistic infections
	Stigma/discrimination			Decriminalization of IDU, MSM, CSW
	Poverty			Research: mapping HRG's, Behavioural studies of HRG's
				Funding for research across regions

Avian Influenza	<p>Lack of awareness of general population, Special vulnerable groups, Health workers/agricultural workers and Political leaders</p> <p>Fear of economic losses and cultural priorities: Households, Business investors, Governments</p> <p>H5N1 may undergo mutation</p> <p>Migratory birds and flocks dynamic and communicable</p> <p>Non availability of vaccines, drugs personal protective equipment and adequate resources</p>	<p>Active Information, education and communication programs to improve awareness and enabling actions</p> <p>Training of concerned workers</p> <p>Policy dialogue and sensitization of political leaders on importance of surveillance systems for accurate information and coordination</p> <p>Political and social measures and compensation plans with multisectoral engagement</p> <p>Active surveillance) syndromic and labs) both birds and humans, quick diagnosis, transparent and open exchange of information</p> <p>Make the following available: Resource leverage for research on new vaccines and drugs, Resource leverage for drugs and PPE, Improved veterinary services</p>	<p>Mechanism for regional cooperation to identify the mechanism, joint or combine mechanism FAO, WHO, NEMRO3, OIE.</p> <p>Pooling of regional resources; training, equipment, regional training center, network of laboratory to diagnose, prepositioning the necessary supplies, to easily use, regional stockpiling.</p> <p>Surveillance coordination mechanism: world health assembly. UN agencies, WHO, UNICEF, human resource development through conducting training, lab capacity, logistics, transport, fuel,</p> <p>Protective websites, confidential, weekly bulletin, video conference, identifying focal points at countries level, political commitment, sharing the related information with the cabinet.</p> <p>Training and Human resource capacity, surveillance and response, lab capacity and logistics</p> <p>Protected website, bulletin, teleconference</p>	<p>Standardization of: Kits for rapid response to outbreaks: PPE, culling, posters, sampling</p> <p>Standard operating procedure for teams</p> <p>Outbreak investigation by Multidisciplinary (health and vererinary) with inclusion of women and community</p> <p>Procedure for respiratory isolation</p> <p>Early warning system with secure website</p> <p>Proper laboratories for testing and sampling</p> <p>Information education communication</p> <p>Sharing stockpiles between countries</p> <p>Study/observation exchange</p> <p>Utilize UN agencies to harmonize IEC/BCC</p> <p>Early involvement and partnership with private sector</p> <p>Emergency response system for countries and partners</p>

Cholera	Lack of clean and safe water	Point of use water treatment: Chlorination, Boiling, filtering, Safe storage in household	Strengthening community based detection of cases	Improved sanitation: promotion of key messages in health education
	Poor personal hygiene			
	Poor sanitation	Raising community based education	Facilitate flow of communication from community to central level	Integration of surveillance systems at appropriate level and sampling with laboratory confirmation of antibiotic response
	Poor surveillance	Handwashing with soap and Safe disposal of feces (children)	Encouraging informal reporting	Availability of diagnostic labs
		IEC promotion among communities	Operational research and use of rapid diagnostic tests	Timely and effective response to outbreaks
		Strengthening multicultural approach	Conducting training (CHW's and health staff) for detection and reporting of special cases	Capacity training for health practitioners
		Strengthening surveillance mechanism	Establish mechanism for transmission of information and data: hot line	Proper case management: WHO guidelines
		Ensuring proper use of data collected	Connect hotlines to informal reports	Formative research to be accepted, behavior/methods, develop and implement bases on results
		Be open and transparent about your observations and analysis	Negotiate agreements among countries for open and unbiased exchange of surveillance information	Initiate health facility surveys to include assessment of buffer stocks of meds and fluids
		Case management		

Polio	UN immunized susceptible population: Accessibility, Security/conflicts, Missing	Effective communication strategy creating demand	Identify focal point at national and provincial level	Polio program at the top of the health agenda with global partnership/largest in PH
	Population movement: Nomads, Returnees, Trade/laborers, Same tribe	Ensure quality for service delivery	Ongoing cross-border cure notification	Creating demand for immunization
	High risk groups: Population Density, Environmental factors	Mapping population movement	Joint AFP cure identification and Sharing of virological lab information on weekly basis	Program operations successfully in conflict affected countries
	Gaps in surveillance: Low sensitivity, inadequate	Appropriate targeted strategies to immunize mobile populations	Genetic sequencing for identifying viral transmission routes through shared regional reference labs	Polio as means of tranquility and ceasefire
	Gaps in program management: Weak structure, Poor coordination, Corruption and lack of accountability	Identify these groups: Focused strategy and resources, Sharing information and expertise built on lessons learned	Exchange expertise and experiences, cross border meetings with neighbors on an annual basis	Change house to house and face to face strategy for vaccination
		Defining gaps in service quality: surveillance reviews	Review regularly WHO regional published data	Face to face communication/training for vaccinators
		Design corrective actions to maintain targets	Surveillance data will be used to identify migratory population	Identify high risk population and focus resources
		Sharing timely and transparent information across the border	Other programs need to build on success of polio	Realistic micro plan with maps involving community
		Political commitment from top		Dynamic monitoring and supervision
		Implementation level through: Ongoing advocacy, appropriate planning, accountability: monitoring and supervision		Sensitive and effective global surveillance system including AB NW
				Genetic sequencing to keep up with polio epidemiology

Tuberculosis	<p>Community level: Low awareness, Stigma, lack of access (gender)</p> <p>Country level: Lack of political interest, weak policy: involves only public sector, Lack of information, Lack of intersectoral collaboration (HIV, prisons, army, immigrants, soldiers)</p> <p>Regional level: Lack of information sharing communication, sharing, coordination, surveillance, lack of referral system, immigration /migration/refugees, low quality drugs</p>	<p>Information Education Communication</p> <p>Communication, social mobilization</p> <p>DOTS coverage: integrated approach</p> <p>Advocacy: information on costs</p> <p>Surveillance in all sectors</p> <p>National partnership</p> <p>Regional framework/Policy</p> <p>Technical guidelines communication</p> <p>Work closely with the national program</p>	<p>Prerequisite: standardization of information needed</p> <p>General: internet, telephone, fax, Regional website for TB</p> <p>Directory of services and Resource centers</p> <p>Individual TB patients: cross border: referral system</p> <p>Focal points for regional activities</p> <p>Alert system” e-form</p> <p>Integration with other</p> <p>Regional referral protocols</p> <p>Guidelines: 6 months and 8 months</p> <p>Referral slip : patient and national TB program</p>	<p>Non Infected: socio economic development, IEC, access to care</p> <p>Infected: BCG, detract infected</p> <p>Disease: screen and diagnose suspects (culture and X-ray)</p> <p>Diagnosis: modern technology, lab quality assurance, standardized treatment</p> <p>treatment: high quality drugs (fixed dose), monitoring by lab, DOT (supports)</p> <p>Outcome: Monitoring of outcomes, surveillance, Recording and Reporting</p> <p>Link to poverty reduction</p> <p>Integration of DOTS to PHC,</p> <p>Intersectoral collaboration: EPI, education, HIV</p> <p>Quality assurance: lab, algorithm, drugs,</p>
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Annex 3 Cross Cutting Themes and Next steps

Several key cross cutting themes were identified as relevant to all diseases discussed. These themes and the suggested actions and next steps fed in to the principles and commitments developed in the Kabul conference.

A Political Will

- Build consensus at international and regional levels by engaging international bodies and multilateral agencies to support and coordinate any regional or country initiatives on reducing the burden of disease.
- Send Kabul Declaration to heads of state and other countries and international bodies for approval
- Hold regular meetings and conferences at various levels — international, regional, governmental and ministerial—to monitor progress of programs and promote regional collaboration.
- Assign regional teams and focal points to implement recommendations and plans and to share experiences.

B Identify High Risk and Mobile Populations

- Assign a regional task force to identify populations at risk and develop maps, analysis and profiles of populations at risk to disseminate information across bordering countries.
- Provide health and education services for high risk populations, including screening and referral systems for those in need of treatment by establishing facilities that can function across borders.
- Identify common risk reduction strategies and pilot proposed actions in each country.

C Harmonization of Health Messages

- Use modern telecommunications media, such as voice over internet protocol, websites, teleconferencing, exchange of policies by email, and use of electronic bulletins to share data.
- Use regional working groups for behavioral change communication and health promotion messages, use of professional media approaches, 24 hour information hotlines for urgent and emergency health issues, including involvement of schools and religious leaders.
- Identify specific concerns in communities using KAP surveys and focus groups, and create awareness of the role of the Government in providing health care to its citizens through dialogue.

D Optimizing Best Practices: Operational research

- Identify key areas of operational research that have regional impact and undertake free and open dissemination of operational research and best practices through regular meetings and seminars with key stakeholders in countries and in regional disease programs and meetings.
- Undertake general surveys and assessment of existing research programs in the region and plan for regional disease priorities and consensus on a shared vision for research.
- Establish free and open communication with established disease programs and working groups, with an emphasis on collaboration for research on effectiveness and feasibility of diagnostic, therapeutic and preventive interventions, formative research to characterize health related behaviors and health system research, monitoring and evaluation

E Quality Surveillance and Exchange of Information

- Identify key regional stakeholders and focal points in each country for disease surveillance and develop integrated strategies through establishment of a regional surveillance working group that develops priorities and identifies gaps for strategies.
- Standardize methods of open data reporting and dissemination through regional weekly surveillance bulletins and/or websites, phone trees or email distribution lists. Review of existing case definitions and methodologies for standardization and planning
- Plan regular study tours and meetings to discuss health care worker training on surveillance, identification of regional centers of excellence in surveillance training, as well as lab training, standardization of training and equipment and establishment of quality assurance and monitoring of laboratories
- Develop core indicators (process and outcome) for reporting by all countries for priority diseases and identify frequency of reporting, criteria of epidemiologic analysis and standard operating procedures for reporting and response to outbreaks in the region, and pooling funds and resources for regional response teams.

F Standardized Management Guidelines

- Establish regional coordinating mechanisms to enable countries to collaborate in building and strengthening financial and operational capacity. Subcommittees could include:
 - Drugs and pharmaceuticals
 - Quality assurance teams
 - Monitoring and evaluation
- Seek financial assistance from the Global Fund for Aids, Tuberculosis and Malaria for regional grants and programs for developing health services

- Develop regional centers and institutions for Best Practice, capacity building and training to better share experiences and data.
- Integrate vertical disease programs at the provincial and district level.

Kabul Declaration
on Regional Collaboration in Health
April 20, 2006

We, the delegates to the **Regional Health Conference “Health for All, Health by All: Communicable Diseases Recognize No Borders,”** held in Kabul, Afghanistan, April 17 -20, 2006, recognize the benefit to all nations of joint cooperation in addressing the threat that communicable diseases pose to the well-being of the populations of our respective nations, to our region and to the global community. We believe that actions taken in concert by our respective nations will foster peace, reduce poverty, enabling the achievement of disease prevention and control, factors that will promote investment and development. Those are the goals to which we are unanimously committed. We therefore recommend the following principles, commitments and activities to be realized in a spirit of regional unity towards prosperity for all, independent of gender or ethnic origin:

Statement of Principles

We believe in:

- Collective commitment to safeguard the health of our people and improve the health of the population of our nations and our region as a whole
- The importance of our effort in the pursuit of the Millennium Development Goals (MDG) to establish equity and eliminate disparities based on gender and ethnicity
- Setting commonly agreed upon measurable targets and goals to guide our actions
- Joining our efforts to regional and global health initiatives that are already established, as well as to those that will emerge in the future
- Public and private partnership in support of mobilizing financial, technical and civil society resources
- Sharing of information and transparent reporting of events, especially the issues that threaten public health

- The effectiveness, cost efficiency and other benefits of working together and sharing knowledge and expertise
- Intersectoral collaboration and integrated approaches to communicable diseases within the country and the region
- Creating and maintaining a spirit of cooperation and collaboration among committed countries in the fight against communicable diseases

Recognizing these principles,

in the interest of cross border collaboration in the prevention and control, elimination or eradication of communicable diseases, we hereby make a commitment to:

- **Mobilize and maintain political will** at the highest level of each country in support of common regional policies and strategies to prevent, control, eliminate or eradicate these diseases
- **Harmonize health messages** conveyed to the public through media, educational and religious institutions and other means of communication in the interest of establishing common understandings about communicable diseases across the region
- Establish uniform criteria of **quality surveillance** and **timely exchange of essential information** about the occurrence of conditions leading to communicable disease outbreaks and their persistence throughout the region
- **Identify high risk and mobile populations** in need of particular simultaneous and coordinated health interventions in the interest of the health of the public and of the individuals afflicted with various communicable diseases
- Develop and follow **standardized management guidelines** to facilitate effective prevention, control, elimination or eradication of common communicable diseases in the region, and for care and support of those affected
- Develop and apply **evidence-based approaches** to optimize program performance in **inter-country activities** against communicable diseases

To this end, the delegates to this conference have drafted specific objectives and detailed implementation plans that provide explicit guidance on the

realization of these commitments. A plan of action for next steps has been developed.

Signed, on the 20th day of the month of April, 2006 in the city of Kabul, Afghanistan by the Ministers of Health or their Delegates of the following countries:

Afghanistan

Tajikistan

Iran

Turkey

Iraq

Turkmenistan

Pakistan

Annex 5: Conference-Follow-up: Next Steps

After the April 2006 Regional Health Conference “Health for All, Health by All: Communicable Diseases Recognize No Borders,” in Kabul....Next Steps

A. At the International Level

1. For WHO and other international agencies within and outside the UN family to facilitate communication and coordination within and between regions

B. At the Regional Level

1. Create a Regional Task Force, consisting of focal points. This Task Force is to convene, among other things:
 - i. a regional meeting within the next three months to follow up on recommendations and next steps of the Kabul Conference
 - ii. emergency meetings as needed
 - iii. ad hoc working groups to develop funding proposals for regional initiatives in communicable disease control to donors and Global Fund for AIDS, TB, and Malaria
 - iv. a working group to conduct an assessment of available laboratory facilities as potential regional reference centres
2. Use existing meetings and mechanisms to share the Kabul Declaration
 - i. Afghanistan to present the Kabul Declaration at the next OIC and SARC meetings for endorsement by Heads of State
 - ii. Afghanistan Ministry of Public Health to present the Kabul Declaration at the next World Health Assembly
 - iii. Hold sideline meetings of Health Ministers from the region about progress on the implementation of the Kabul Declaration during the next World Health Assembly.
3. Identify donors/partners to help countries fund and organize regional meetings
4. Encourage and facilitate the convening of regular follow up meetings between individual countries in their adjacent border areas

C. At the National Government Level

1. Inform other sectors/departments about the Kabul Declaration
2. Orient and brief staff and experts about the Kabul Declaration
3. Provide feedback to the Regional Task Force about endorsements of the Declaration
4. Establish a secretariat or steering committee in each country
5. Review surveillance and early disease warnings systems for establishing best practices in each country

D. At the Individual Participant Level

1. Share information and advocate for the implementation of the commitments of the Kabul Declaration with colleagues, supervisors and opinion leaders
2. Include activities agreed upon during the conference to implement the commitments in their work plans